## Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	07/17/2010	Address:	12516 S CR-300 W,
Case #:	<u>42F-30860</u>		Westport, IN 47283
County:	<u>Decatur</u>		·
Type of Laboratory Seizure (check one)  Operational Lab		Seizure Location (check all that apply)  Residence Hotel/Motel	
☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		<ul><li>✓ Outbuilding</li><li>✓ Vehicle</li></ul>	<ul><li>✓ Open – No Structure</li><li>✓ Other:</li></ul>
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Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)  Lithium/Ammonia Reaction(s):  Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: Garage			
☐ Water Reactive Metal (Lithium):			
Anhydrous Ammonia: Open Air/Garage			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location): <u>Tubing</u> , <u>Jars</u>			
YesNo	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedring Retail/Me	e Information e/Pseudoephedrine Tracking Log erchant Tip w Enforcemnet
This report is to be faxed to the following agencies that serve the location:			
Fire Departs	ment: Greensburg FD	Fax: (812) 663-6887 Fax: (812) 663-4174	
Health Depa	artment: Decatur County	Fax: <u>(812)</u>	003-4174
Child Prote	ction Service: <u>N/A</u>		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Franklin Phone (765) 825-2115			

<sup>\*\*</sup> This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

<sup>\*\*\*</sup> This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.